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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/803,653
		Filing Date	03/12/2001
		First Named Inventor	Winfried SIFFERT
		Group Art Unit	1634
		Examiner Name	Carla Myers
Total Number of Pages in This Submission	25	Attorney Docket Number	741135-12

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Submission of Replacement Drawings – Figs. 1-20 <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David S. Safran, Reg. No. 27,997 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	June 2, 2005

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
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Docket No. 741135-12

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of :
Winfried SIFFERT : Confirmation No.: 6614
Application No. 09/803,653 : Group Art Unit: 1634
Filed: 03/12/2001 : Examiner: Carla J. Myers
For: GENE ALTERATION IN THE GENE FOR : Date: June 2, 2005
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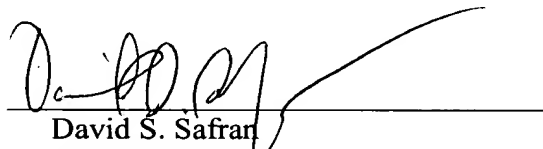
SUBMISSION OF REPLACEMENT DRAWINGS

Commissioner for Patents
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Sir:

Enclosed please find Twenty-three (23) sheets of replacement drawings Figs. 1-20 for review by the Patent and Trademark Office in connection with the Notice Regarding Drawings mailed April 15, 2005. Should the enclosed drawings require changes, it is respectfully requested that the Patent and Trademark Office notify the undersigned attorney of same.

Respectfully submitted,

By: 
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